

CITY OF READING, PENNSYLVANIA

CITY COUNCIL ROOM 2-24 815 WASHINGTON STREET READING, PA 19601-3690 (610) 655-6204

SUPPLEMENTAL STATEMENT OF FINANCIAL INTEREST

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Com	mission.		ا م)			
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01	Last name		First nar	ne /	Mi	ddle initial	
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02	Residence S	treet Address	s4 (City State	Ziŗ	Code	
·	CHI	Come		610	45/	-912	0
03	Position with	h the City of	Reading	Area Code	Phone Nut	nber '	
	1.	713	N	Ufh	St.		
04	REAL ESTA	ATE INTERI	ESTS: List th	ne address of any pr	operty in the	City of Rea	ding in which you,
	your spouse,	, or any mem	ber of your in	nmediate family ha	ve any owner	ship interes	t.
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ALL s	tatements of	Tinancial Inte	rest are avail	able for public insp	ection and co	pying durin	ng regular office
hours.		V		•		-,- -	

Revised 4/00

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/15

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PI FASE PRINT NEATLY

	I EFFOR LANGUET
01	LAST NAME FIRST NAME MI SUFFIX
	WALTRAM
02	ADDRESS office (business or governmental) or home City Character State 7 p. Gode April Gode (S. Phope S.
N	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	A Candidate (including write-in) Public Official (Current) Public Employee (Current) E Check this block if you are filing as a solicitor B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor block if you are amending an original filing an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
А	City Council
r	seeking hold held
В	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.
А	CILL OF READING
в	
	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
00	NEAL ESTATE INTERESTS (See institutions of page 2) In NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address: Interest Rate
10	DIRECT OR INDIRECT SQURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	Name: Mum Lynn Address: 985 Bertank Blue
	ayonky Pt
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
	T: CV2+8-ROWALC HAREL 1893 00
<u>l</u> .	Address of Source of Gift Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)
	Name: Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held
	Transferee (Name and Address) Relationship Date Transferred
The to th	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subjected by 18 Pa.C.S. §4904 (unsworn-falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature Enter Current Date
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/15	STATEMENT OF I	FINANCIAL IN E PRINT NEATLY	ITERESTS	3/9/15	13-1610 • TOLL FREE 1-81)0-932-093
		FIRST NAME			MI SUFF	IX
01 LAST NAME WAITMAN		JEF	FREY	1	2 2 2	
02 ADDRESS office (business or governm		Rendia	State PA-	19601	rea Code Phone (6/0) 4.5/-	912
NOTE: IF YOU ARE INCLUDING ATTACHMEN	NTS, DO NOT INCLUDE ANYTHING	THAT BEARS YOUR SO	OCIAL SECURITY NU	IMBER OR FINANC	CIAL ACCOUNT NOW	DENO.
Note: It is a light of block or block o	ocks, more than one block may be ma	arked. (See instructions o	on page 2)		Check th	is
Candidate (including write-in) B Nominee	C Public Official (Current) C Public Official (Former)	D Public Empl	loyee (Current) E	Check this bl if you are fillr as a solicitor	ock are amen	nding
04 PUBLIC POSITION OR PUBLIC OFFICE	(administrator, member, Commissio	oner, job title, etc	eeking	hold 🔲 I	held	т-1
A CITY COL	NCIL	10157	seeking		held	
В						
05 GOVERNMENTAL ENTITY in which you ar	e/were an Official, Employee, Candidate	e or Nominee (e.g., dept, a	gency, authority, boroug	th, board, commissio	n, county, school district	, twp, etc.)
A City of	READING					
В					Sled SEE INSTRUC	TIONS
06 OCCUPATION OR PROFESSION (This	may be the same as block 4)	07 YEAR India	ate calendar year for	which form is being	filed. SEE INSTRUCT	nono.
FIRANCIA	Hausor _				0 7 9	
08 REAL ESTATE INTERESTS (See instr	uctions on page 2) If NONE, check	this box.				
Hone only						
To a la descriptione on page	2), Creditor (Name and Address)	f NONE, check this box	X. D.	ì	Interest Rate	
09 CREDITORS (See Instructions on page		Address:				
•			0) 0)113	/JE NONE	(OFFICIAL USE (ONLY)
10 DIRECT OR INDIRECT SOURCES OF IN	ICOME including (but not limited to) all	l emptoyment. (See instru	chec	k this block.	(0),, 10,, 12	ŕ
Name: Merrill Ly	ne V	Address: Wyana	5514/			
Name: Ite	Rendey	<u> Ken</u>	drill		<u></u>	
11 GIFTS (See instructions on page 2)	If NONE, check this pox		<i>j</i> .		Value of Gift	
Source of Gift						
			Circumstances (incl	uding description) of G	ift	
Address of Source of Gift					Value	
12 TRANSPORTATION, LODGING, HOS	SPITALITY (See instructions on pag-	e 2) If NONE, check t	nis pose	 		
Source (Name and Address)						
13 OFFICE, DIRECTORSHIP, OR EMPL Business Entity (Name and Address)	OYMENT IN ANY BUSINESS (See	instructions on page 2)	If NONE, check this	box	Position Held	
		Address:		·		
Name: 14 FINANCIAL INTEREST IN ANY LEG Name and Address of Business	AL ENTITY IN BUSINESS FOR PRO	OFIT (See instructions of	on page 2) If NONE	check this box	Interest Held	
15 BUSINESS INTERESTS TRANSFER	TO IMMEDIATE FAMILY MEN	MBER (See instructions	on page 2) If NON!	, check this box	Z	
Business (Name and Address)				Interest Relation Date Tra	ship.	
Transferee (Name and Address) The undersigned hereby affirms that the foto to the penalties prescribed by 18 Pa. Q.S. §	regoing information is true and correc	ct to the best of said persities) and the Public Offic	son's knowledge, info cial and Employee Etl	mation and belief; nics Act, 65 Pa.C.S.	said affirmation being t . §1109(b).	nade subj
to the penalties prescribed by 18 Pa.C.S. §	4904 (unsworn falsification to author	nes) and the rabile of			3/9/15	-
Signature		K ABOVE IS NOT CO		ter Current Date E A COPY FOR `	YOUR RECORDS.	
THIS FORM IS CONSIDE	RED DEFICIENT IF ANY BLOC	(3 of 4)		• •		
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/15

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

_	
01	LAST NAME MI SUFFIX WA TMAN SUFFIX
02	ADDRESS office (business or governmental) or home fity Rendia State Zip Code Area Code Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you
	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing are amending as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc. seeking hold held
Α	CITY COUNCIL DISH FICT 6
5	seeking hold held
В	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
Ά	City of READING
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed, SEE INSTRUCTIONS.
	FINANCIA HOUSOR 2015
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	Hone only
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box Interest Rate
	Name: Address: Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	Name: Merril Lyne Address: Wyan, 5511/ F
	City of Rendery Repolm 100
11	GIFTS (See instructions on page 2) If NONE, check this pox
ſ	Source of Gift Value of Gift
Ĺ	Address of Source of Gift
12	Circumstances (Including description) of Gift
12 	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box Business Entity (Name and Address) Position Held
	Name: Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Name and Address of Business If NONE, check this box Interest Held
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Co. 1971)
	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) Business (Name and Address) Interest Held
Γhe τ	Transferee (Name and Address) Andersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject penalties prescribed by 18 Pa.C.S. § 4904 (unsworn faisification to authorities) and the Public Official and Employee. Ethica Address
o the	e penalties prescribed by 18 Pa.C.S. §4904 (unsworm falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature Enter Current Date 3 9 5
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

City of Reading

Campaign Finance Disclosure Statement

City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

I verify that the information in this Campaign Finance Disclosure Statement and attached report of receipts and expenditures are true and correct.

Printed Name

Signature

Deceive Mar 2 - 2012 By: Anak

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Print Form

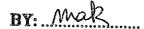


Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification	Report Filed L	3y Candida	te 🔝 🗔 🗸	Committee	Lobbyist	
Number	(Mark X)	Junior			LOUDYISE	
Name of Filing Committee, Candidate or Schoolst	Jeffrey S. Waltm	an, Sr.				
Street Address	723 N. 4th Stree	t				
City Reading		State	PA i	Zip Code 19601		
Type of Report (Place x under report type)						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election		al 2 nd Friday Special 30 Day ection Post-Election /	
Date Of Election (MM/DD/YYYY) 05/19/2015	Year	2015	Amendment Report	Termi Repor	nation t	
Summary of Receipts and From Date	To Date	2		For Office U	lse Only	
Expenditures 04/15/2015	05	/04/2015				
A. Amount Brought Forward From Last Report	\$	0	<u>Letter til til til til til til til til til til</u>		and the state of 	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,600				
C. Total Funds Available (Sum of Lines A and B)	\$	2,600				
D. Total Expenditures (From Schedule III)	\$	1,213.2				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,386.8				
F. Value of In-Kind Contributions Received (From Schedule II)	\$	593.82				
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	-7:			
Part 1- If this is a Committee report, treasurer sign h	ora If this is a Car	Affidavit Sec				
I swear (or affirm) that this report, including the atta	ched schedules or	n naver is to the i	new of my knowled	ge and belief-true, corre	ect and complete.	
Sworn to and subscribed before me this			A			
day of 20	\ \d		Signature	of Person Submitting rep	port / L	
Signature	- \$	# 5 8 8 E	V ~Q~	Printed Name	AHMAY	
My Commission expires / 19 20			610	451-	-9120	
MO. DAY YR. Area Code Daytime Telephone Number						
Part II- If this is a report of a Candidate's Authorized Committee, candidate's shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as						
amended.						
Sworn to and subscribed before me this						
day of20	- 1	.—	Sign	ature of Candidate		
Signature	- '		Printed Name			
My Commission expires	. •			· ····································		
MO. DAY YR.	_	A	rea Code	Daytime Tele	phone Number	





PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

					Amou	nt
Full Name of Contri Committee		t to the second		Date [MM/DD/YYYY]	\$ 250	
	Ikeading Ber	ks Association of Real	tors	04/27/2015	25v	
House # 2201	Street Address			Date [MM/DD/YYYY]	Ś	
2201	Ridį	gewood Road				
City Wyomissing		State PA	Zip Code 19610	Date [MM/DD/YYYY]	\$	
			15010			
Full Name of Contri Committee	buting			Date [MM/DD/YYYY]	\$	•
.House #	Street Address			Date [MM/DD/YYYY]	\$	
	245,850					
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
District of the second	12211-628-688					·
Full Name of Contril	buting			Date [MM/DD/YYYY]	\$	
					16.00 20.00	
House#	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contril						
Committee	udung			Date [MM/DD/YYYY]	\$	
House#	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	<u>\$</u>	
Full Name of Contrib	outing	27336337		Date [MM/DD/YYYY]	\$**	
Committee					Y.	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	a see Address			Date primy Dby 11 11	7	
City		/State	Zip Code	Date [MM/DD/YYYY]	6	
			Zip code	Date [WW/DD/1111]	\$	
Full Name of Contrib	outing		Admitted (A)	Date [MM/DD/YYYY]	* 1 \$	
Committee		•				
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
American Company of Comp		Version (CERTIFICATION)		<u>. I </u>	₩.(4 ₀)	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

		<u>. Ang a</u>		teriore Temporari	
Full Name of C			Date [MM/DD/YYYY]	\$ 1	
	Peter S. Schlaroli		04/27/2015	1 50	
House#	Street Address N. Kenhort Blvd		Date [MM/DD/YYYY]	S .	
				1	
City Reading	State Zi	o Code 19607	Date [MM/DD/YYYY]	\$	
Full Name of C			Date [MM/DD/YYYY]	\$ 1	
	Angela N. Carmello		04/27/2015	100	
House #	Street Address		Date [MM/DD/YYYY]	\$	
138	Mexico Road				
City Oley	State PA ZI	o Code. 19547	Date [MM/DD/YYYY]	Š	
10.00					
Full Name of C	ontributor Alan Shuman		With the same of t	\$ 100	
			05/01/2015		
House # 50	Street Address North 5th Street		Date [MM/DD/YYYY]	\$	
		Longlish of Contract			<u> </u>
City Reading		5 Code 19601	Date [MM/DD/YYYY]	\$-	4 2 4 2 4 3
E DING	GER WITH SAFE				1.34 1.42
Full Name of C	Ontributor		Date [MM/DD/YYYY]		
House #	Street Address	<u>a sala di sala</u> T	Date [MM/DD/YYYY]	\$	<u> </u>
City	State Zi	Code	Date [MM/DD/YYYY]	\$	
				4.4	
Full Name of C	ontributor		Date [MM/DD/YYYY]	5	
House #	Street Address		Date [MM/DD/YYYY]	\$ a	
			19-5 19-5		
City	State Zi	o Code	Date (MM/DD/YYYY)	5	
Full Name of C	ontributor		1 10 10 1111 1 117	\$	
House#	Street Address	4	Date [MM/DD/YYYY]	\$	
					•
City.	State Zi	Code	Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address	i	And the second s	Date [MM/DD/YYYY] \$	
			Committee of the contract of t	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			at the linest again attractive constant to a page gartery	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$*	
	5			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	See Alley See Alley Co.		Date [MM/DD/YYYY] \$	
Contributing Committee			A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
House # Street Address		·	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] > \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	2963 Service (201		Date [MM/DD/YYYY] \$	
House # Street Address		-	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY]	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:

A A Post of					
Full Nan	ne of Contributor	ANGELIA MANGELLANDE LA CAMBRAGA LA CAMBRAG	of the first of the constitution of	Date [MM/DD/YYYY] see \$	the same of the same
N. S.		Jack D. Gulati	and the special office of the second	04/19/2015	2,000
House #	 Stre	et Address		Date [MM/DD/YYYY] - \$	
	2720	Marina Isle Court			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	Bonita Springs	PA	34134		
Employe	er Name	Various - Fldelity Techi	nologies, others	Occupation Owner	
	er Mailing Address	Z 2501 Kutztown Road, I	Reading, PA 19605	FINAL CONTRACTOR DECISION A	
· ALMER ANTI-CANDING PARTY.	Place of Business ie of Contributor				
run Ivan	ie or Contributor			Date [MM/DD/YYYY] \$	rus.
					Ä
House#	Stre	et Address		Date [MM/DD/YYYY] \$	
City	사업자 - 그런스 최고 일본 - 기업자 기업자	State	Zip Code	Date [MM/DD/YYYY] \$	
Employe	PNama			Occupation (
			and the second of the second o	Occupation	
	er Mailing Address I Place of Business				
Full Nam	e of Contributor			Date [MM/DD/YYYY] \$	
	p (1615) i sa		A transfer of the second secon		
House #	Stre	et Address		Date [MM/DD/YYYY] \$	
			and the second of the second o		
City	20 13642-23	State	Zip Code	Date [MM/DD/YYYY] \$	
Employe	r Name		and the second s	Occupation	
	r Mailing Address Place of Business		· ·	DO BROWN OF STATE O	
The state of the s	ie of Contributor			Date [MM/DD/YYYY] \$	
House #		L et Address		Date [MM/DD/YYYY] \$	
				1944-144 1944 1944 1944 1944 1944 1944 1	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	-	Jac	Elhonic	Pure IMMATERIAL 3	
Employe	r Name			Occupation	
	r Mailing Address , Place of Business		e e		e e č

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip /Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	Locustives.	lar and a factor of the	
City		State	Zip Code	Date [MM/DD/YYYY] '\$
Receipt Description			[335] 864 384	
Full Name				
House #	Street Address			V
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		
Full Name				
House #	Street Address			
City		State	Zip Code	[Date [MM/DD/YYYY]] \$
Receipt Description			<u> </u>	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				Ližišisl

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
4.00 (P. P. P	
1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE C	DF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	
2: 4N-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO	\$250,00 (FROM PART F)
TOTAL for the reporting period (2)	\$ 200.000000000000000000000000000000000
3. # IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (
	COMPANIED
TOTAL for the reporting period (3)	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also er on Page 1, Report Cover Page, Item F)	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

reer identification Number;				
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		in the Product of the exact of	<u> </u>	意要 [
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	3
Description of Contribution		and some substitution		389524
Full Name of Contributor			Date [MM/DD/YYYY]	,
House # Street Address			Date [MM/DD/YYYY]	\$
City	Stäte	(ip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City		ip Gode	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	*\$
House # Street Address			Date [MM/DD/YYYY]	
City	State 2	ip Côde	Date [MM/DD/YYYY]	Š
Description of Contribution				

SCHEDULE II

Part G

In-Kind Contributions Received VALUE OVER \$250

Filer Identification Number:		
THE PARTY OF THE P		
Full Name of Contributor David Kersley		Date [MM/DD/YYYY] \$ 593.82
House # 225 Street Address Do	ouglass Street	Date [MM/DD/YYYY] \$
City Reading	State Zip Code 19601	Datte [MM/DD/YYYY] \$
Employer Name	City of Reading	Occupation Business Analyst
Employer Mailing Address / Principal Place of Business	815 Washington Street, Reading, PA 19601	Description of Purchase & Mailing of postcards Contribution
Full Name of Contributor		Date [MM/DD/YYYY]
House #. Street Address		Date [MIV/DD/YYYY] = \$
City	State Zip Code	Date [MM/DD/XYYY]
Employer: Name	Transference Tran	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] S
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MIM/DD/YYYY] S.
Employer Name Employer Mailing Address / Principal		Occupation Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY]
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal		Occupation Description
Place of Business		of Contribution

SCHEDULE III

Statement of Expenditures

The state of the s	and the second s			
ler Identification Number:			 	
Mariah Veria (1988) da Janah Kalada				,
elementary of the commence of				

To Whom Paid	24 Hour Yard Signs					Date [MM/DD/Y	YYY] \$	700
	_					04/20/2015		739
House # 2151	Street Address Den	ton Avenue				Description of E	kpenditure	
City		State		Zip				
Cookeville		TI 1000 - 1000	N	Còde	38506	Yard Signs		
To Whom Paid	Tennessee Print Master	rs				Date [MM/DD/Y	YYY] \$	227.40
	Lungalor v. co.c.					04/24/2015		337,48
House # 586	Street Address S. Je	efferson Aver	nue			Description of Ex	penditure	
City Cookeville		State Th	N	Zip Code	38501	Tshirts		
To Whom Paid	Office Max					Date [MM/DD/Y	YYY] \$	14.83
House #						04/24/2015	427	14.65
3215	Street Address N. 5	th Street				Description of Ex	penditure	
City Reading		State P/	Α	Zip Code	19605	Labels		
To Whom Paid	Lowes Home Center		-			Date [MM/DD/Y	YYY] \$	
Salas de la companya						04/24/2015	100	15.87
House # 500	Street Address Mad	lison Avenue				Description of Ex	penditure	
City Reading		State PA	Λ	Zip Code	19605	Sign Cable Ties		
To Whom Paid	Office Max					Date [MM/DD/Y)	/YY] \$	
- Programme			·			04/28/2015		11.02
House # 3215	Street Address N. 51	th Street				Description of Ex	penditure	
Sec. (2012)		State		7:2 30				
City Reading		PA	. *	Zip Code	19605	Photocopies - campai	gn literature	
To Whom Paid	Afro/Latino Magazine	PA		Code	1.9605	Photocopies - campai Date (MM/DD/Y)		
To Whom Paid	Afro/Latino Magazine	PA		Code N	1.9605	Date [MM/DD/Y) 04/27/2015	<u>/YY)</u> \$	50
To Whom Paid House # 400	Stroot Address	PA		Code N	.9605	Date [MM/DD/Y)	<u>/YY)</u> \$	
To Whom Paid	Stroot Address	PA	t	Code		Date [MM/DD/Y) 04/27/2015	(YY] \$ oenditure	
To Whom Paid House # 400 City Reading To Whom Paid	Stroot Address	dward Street State PA	t	Code		Date [MM/DD/Y) 04/27/2015 Description of Exp advertisement - camp	oenditure	
To Whom Paid House # 400 City Reading To Whom Paid	Street Address Woo	dward Street State PA	t	Code		Date [MM/DD/Y) 04/27/2015 Description of Exp advertisement - camp	oenditure	50
To Whom Paid House # 400 City Reading To Whom Paid House # 434	Street Address Woo	dward Street State PA ic Committee nut Street	t	Zip Code	.9601	Date [MM/DD/Y) 04/27/2015 Description of Exp advertisement - camp Date [MM/DD/Y) 05/01/2015 Description of Exp	openditure paign (YY) \$ penditure	50
To Whom Paid House # 400 City Reading To Whom Paid House # 434 City Reading	Street Address Woo	dward Street State PA ic Committee	t	Zip Code	.9601	Date [MM/DD/Y) 04/27/2015 Description of Exp advertisement - camp Date [MM/DD/Y) 05/01/2015 Description of Exp	oenditure paign (YY) \$ penditure	50
To Whom Paid House # 400 City Reading To Whom Paid House # 434	Street Address Woo	dward Street State PA	t	Zip Code	19601	Date [MM/DD/Y) 04/27/2015 Description of Exp advertisement - camp Date [MM/DD/Y) 05/01/2015 Description of Exp	oenditure paign (YY) \$ penditure	50
To Whom Paid House # 400 City Reading To Whom Paid House # 434 City Reading	Street Address Woo	dward Street State PA	t	Zip Code	19601	Date [MM/DD/Y) 04/27/2015 Description of Exp advertisement - camp Date [MM/DD/Y) 05/01/2015 Description of Exp	oenditure (YY) \$ penditure nt (YY) \$ penditure	50
To Whom Paid House # 400 City Reading To Whom Paid House # 434 City Reading To Whom Paid	Street Address Wood Berks County Democrat Street Address Wal	dward Street State PA	t	Zip Code	19601	Date [MM/DD/Y) 04/27/2015 Description of Exp advertisement - camp Date [MM/DD/Y) 05/01/2015 Description of Exp Democratic party eve	oenditure (YY) \$ penditure nt (YY) \$ penditure	50

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	Application of the second of t		and the second of the second o
Name of Creditor			Outstanding Balance of Debt
House# str	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of Debt	State	Zíp Code	
			44. 48. 4 Santa (1981)
Name of Creditor	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Outstanding Balance of Debt
	Set Address	DATE DEBT (NCURRED [MM/DD/YYYY]	\$
City City	State	Žip Code	
Description of Debt			
Name of Creditor House # Stree	et Address	DATE DEBT INCURRED	Outstanding Balance of Debt
		[MM/DD/YYYY]	
City,	State	Zip Code	
Description of Debt			
Name of Creditor		and the second of the second o	Outstanding Balance of Debt
Name of Creditor House # Stre	et'Address	DATE DEBT INCURRED	Outstanding Balance of Debt
Name of Creditor	et'Address State	DATE DEBT INCURRED	Outstanding Balance of Debt
Name of Creditor House # Stree City Description of Debt		DATE DEBT INCURRED [MM/DD/YYYY] Zip	\$
Name of Creditor House #		DATE DEBT INCURRED [MM/DD/YYYY] Zip	Outstanding Balance of Debt S Outstanding Balance of Debt S
Name of Creditor House # Stree City Description of Debt Name of Creditor House # Stree City	State	DATE DEBT INCURRED [MM/DD/YYYY] ZIP Code DATE DEBT INCURRED	\$
Name of Creditor House # Stre City Description of Debt Name of Creditor House # Stre	et Address	DATE DEBT INCURRED Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	\$
Name of Creditor City Description of Debt Name of Creditor House # Stree City Description of Debt Name of Creditor	et Address	DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	\$
Name of Creditor House # Stre City Description of Debt House # Stre City Description of Debt Name of Creditor	State. State.	DATE DEBT INCURRED Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code Zip Code	Outstanding Balance of Debt
Name of Creditor House # Stre City Description of Debt Name of Creditor City Description of Debt Name of Creditor	State. State	DATE DEBT INCURRED [MM/DD/YYYY] Zip Code Zip Code Zip Code	Outstanding Balance of Debt S Outstanding Balance of Debt